

Miami-Dade County 2005 BENEFIT COMPARISON						
	CIGNA HEALTHCARE (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.Cigna.com	AVMED HEALTH PLAN (HMO) Visit our website at www.avmed.org .	HUMANA (HMO) Visit our website at www.humana.com	JMH HEALTH PLAN (HMO) Visit our website at www.jmhnp.com	VISTA HEALTH PLAN (HMO) Visit our website at www.vistahealthplan.com	
COVERAGE PLAN DESCRIPTION	IN NETWORK A managed care program which offers employees, covered dependents and retirees (under age 65) the ability to use selected hospitals and doctors, with 100% benefits for covered charges, after applicable co-payments. You select a primary care physician who manages your healthcare needs within the network	OUT OF NETWORK A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice without going through a primary care physician (PCP). Payments are based on reasonable and customary (R & C) charges. Providers who do not participate in CIGNA's network may balance bill you for the amount which exceeds R & C. Coverage is subject to deductibles and co-insurance.	A not for profit Health Maintenance Organization with a large network of providers in the State of Florida. We offer a broad range of medical services at participating private physician offices. AvMed's primary care physicians coordinate all medical services such as hospitalization and specialist visits. Our network includes over 40 hospitals as well as over 2,400 specialists in Miami-Dade and Broward County. Other features include 24 hour Member Service, Nurse on Call hot lines, Disease Management programs, Mail Order Prescriptions.	Humana Inc., is one of the nations largest health services companies. Its South Florida Health Maintenance Organization provides primary and specialty services throughout it's network of over 1100 primary care physicians, 3,800 specialists, and 62 hospitals. Employees must select a primary care physician from the participating provider network. Other features include award-winning chronic conditions management programs, mail-order prescription services, and HumanaFirst, a 24-hour medical information hotline.	A not-for-profit Health Maintenance Organization headquartered in Miami-Dade County, the JMH Health Plan is a full-service plan offering health care through a broad and extensive network of over 2,500 physicians and 25 hospitals in Miami-Dade and Broward Counties and featuring the University of Miami / Jackson Memorial Medical Center. The JMH Health Plan has served Miami-Dade County for 20 years and consistently ranked among the top HMO's in member satisfaction in both the Florida HMO Report Card, and the Miami-Dade County Employee Health Survey.	
DEDUCTIBLES/COPAYMENTS	Co-payments \$10 Physician office visit \$50 Emergency Room (waived if admitted) \$5/\$10/\$15 Prescriptions for 30 day supply Mail Order: \$10/\$20/\$30 for 90 day supply.	Deductible \$200 per individual; \$500 per family \$50 Emergency Room Co-payment (waived if admitted) Same in-network prescription benefits apply if participating pharmacy is used. See below for clarification.	Co-payments \$10 Physician office visit \$25/\$50 Emergency Room (not waived if admitted) \$10/\$20/\$30 prescription for 30-day supply based on formulary \$20/\$40/\$60 Mail order prescriptions available for 90-day supply based on formulary	Co-payments \$10 Physician office visit \$25 Emergency Room (waived if admitted) \$7/\$15/\$25 prescription for 30-day supply based on formulary \$21/\$45/\$75 Mail order prescriptions available for 90-day supply based on formulary	Co-payments \$10 Physician office visit \$25 Emergency Room (waived if admitted) \$7/\$20/\$35 Prescriptions for 30 day supply - Open Formulary Mail Order: \$14/\$40/\$70 for 90 day supply	
PHYSICIANS	Choose any primary care physician from CIGNA HealthCare participating provider list. Covered family members may choose their own primary care physician.	Choose any licensed physician; covered charges payable at 70% of reasonable & customary (R & C) after deductible.	Choose any primary care physician from AvMed's participating provider list. Covered family members may choose their own primary care physician	Physicians services are covered in full when provided or arranged by one of our over 1100 primary care physicians, chosen from our participating provider directory.	Choose any physician from the network of over 900 primary care physicians in Miami-Dade and Broward counties.	
A. IN-HOSPITAL PHYSICIAN Surgery/Visits & Consultations Anesthesiologist	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.	Benefits payable at 70% reasonable & customary (R & C) covered charges, after deductible is met.	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.	Benefits payable at 100% when provided or arranged by the JMH Health Plan.	
B. OUT-PATIENT PHYSICIAN SERVICES: Office visits for illness	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.	\$10 co-payment; then 100%	\$10 co-payment per visit, then 100% (PCP) ----100%, no co-payment (specialist)	\$10 co-payment per visit, 100% thereafter	
Office visits for injury	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.	\$10 co-payment; then 100%	\$10 co-payment per visit, then 100% (PCP) ----100%, no co-payment (specialist)	\$10 co-payment per visit, 100% thereafter	
Diagnostic X-Rays, Lab Tests, X-Ray treatments	100%	70% of R & C covered charges, after deductible is met.	100%	\$10 co-payment per visit, then 100% (PCP) ----100%, no co-payment (specialist)	100% when provided or arranged by JMH Health Plan.	
Pediatrician 1) Medically Necessary	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.	\$10 co-payment; 100% thereafter.	1) \$10 co-payment per visit, then 100% (PCP); no co-payment (specialist)	1) \$10 co-payment per visit.	
2) Preventive (Child Health Supervision Services)	\$10 co-payment; then 100% Covers one visit per calendar year for all services provided up to age 16.	100% of R & C covered charges, no deductible.	\$10 co-payment; 100% thereafter.	2) \$10 co-payment per visit, then 100%	2) \$10 co-payment per visit.	
Routine Physical	\$10 co-payment; then 100%	Not covered	\$10 co-payment; 100% thereafter for annual exam.	\$10 co-payment per visit, then 100%. Limited to one (1) exam per calendar year for adult physical exam	\$10 co-payment per visit.	
Obstetrical/Gynecological	\$10 co-payment, then 100%. PCP referral not required. Mammograms, PAP smears payable at 100%	70% of R & C covered charges, after deductible is met.	\$10 Co-pay for one routine GYN exam allowed each calendar year without referral. Mammogram screening provided at 100%.	\$10 co-payment per visit, then 100% (PCP); no co-payment (specialist). Limited to (1) exam per calendar year. Mammograms are covered at 100%.	\$10 co-payment per visit. No referral for 1st OB/GYN visit	
Hospitalization:	Benefits payable at 100% at following affiliated hospitals when admitted with PCP authorization: MIAMI-DADE COUNTY Aventura • Baptist • Cedars •Coral Gables •Health South Doctor's Hospital • Hialeah • Kendall Regional • Mercy • Miami Children's • Miami Heart • Mt. Sinai • Miami Heart •North Shore • Palmetto General • Parkway Regional • SMH Homestead • South Miami • University of Miami/Jackson Memorial Hospital and Clinics • Villa Maria Rehab Hospital"	70% of R & C covered charges, after deductible is met.	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables • Health South Doctors Hospital • Health South Rehab* • Hialeah • Homestead • Kendall Regional • Larkin • Mercy • Miami Children's • Mt. Sinai • North Shore • Palmetto General • Parkway Regional • South Miami • St. Catherine's Rehab* • University of Miami/Jackson Memorial Hospital & Clinics • Windmoor	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables • Charter • Health South Doctors Hospital • Homestead • Hialeah • Jackson South • Jackson Memorial • Kendall Regional • Kindred • Larkin • Mercy • Miami Children's • Miami Heart • Mt. Sinai • North Shore • Palm Springs • Palmetto General • Pan American • Parkway Regional • South Miami • South Shore • Windmoor Healthcare	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Cedars • Coral Gables Hospital • Hialeah Hospital • Jackson Memorial Hospital • Holtz Children's Hospital UM/JM Medical Center• Jackson South Community Hospital • Kendall Regional • Miami Children's • North Shore • Palmetto General • Parkway Regional • University of Miami/ Hospital & Clinic	
					Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars Medical • Coral Gables • Jackson South • Health South Doctors Hospital • Hialeah • Kendall Regional • Mercy • Miami Children's • Miami Heart Institute-South • Mt. Sinai • North Shore • Palmetto General • Parkway Regional • SMH Homestead • South Miami • South Shore • University of Miami/Jackson Memorial Hospital & Clinics	

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Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.	BROWARD COUNTY Broward General • Cleveland Clinic • Coral Springs • Florida Medical • Hollywood Medical Center • Holy Cross • Imperial Point • Memorial •Memorial West • North Broward • Northwest Medical • North Ridge • Plantation General • University • Westside Regional		BROWARD COUNTY Broward General • Cleveland Clinic • Coral Springs • Florida Medical • Hollywood Medical • Holy Cross • Imperial Point • Memorial of Pembroke • Memorial Regional • Memorial West • North Broward • North Ridge • Northwest Medical Center • Plantation General • St. Johns Rehab* • University Hospital • Westside Regional	BROWARD COUNTY Broward General • Cleveland Clinic* • Coral Springs • Florida Medical • Ft. Lauderdale Hospital* • HealthSouth Sunrise • Hollywood Medical • Hollywood Pavilion • Holy Cross • Kindred South Fl* • Imperial Point • Memorial Pembroke• Memorial Regional • Memorial West • North Broward • North Ridge • Northwest Medical • Plantation General • THC Hollywood • Renfrew Center • Sunrise Regional* • The Retreat • Treatment Resource Margate* • University • Westside Regional	BROWARD COUNTY Florida Medical Center • Hollywood Medical Center • Joe DiMaggio Children's Hospital • Memorial Hospital Pembroke • Memorial Hospital West • Memorial Regional • North Ridge Medical Center • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center	BROWARD COUNTY Broward General • Coral Springs • Florida Medical • Hollywood Medical • Imperial Point • Memorial • Memorial Regional • Memorial West • North Broward • North Ridge • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center
Hospital/Surgical Requirements: Precertification of hospital confinements	Handled by admitting physician.	Precertification required or benefits will result in a \$500 penalty. This is the responsibility of the member, not the providers.	All non-emergency inpatient confinements and physician/surgeon charges are preauthorized through AvMed	All non-emergency confinements and physician/surgeon charges are precertified through Humana Medical Plan, Inc.	All non-emergency inpatient confinements and physician charges are precertified through the JMH Health Plan.	All non-emergency inpatient confinements and outpatient surgeries are preauthorized through Vista.
Drug & Alcohol Treatment: Inpatient	\$25 per inpatient day. Maximum of 45 days annually.	Benefits payable at 70% of R & C, after deductible is met. Maximum of 45 days annually.	Covered at 100% up to 30 residential inpatient days per year.*** Acute or crises intervention only.	Covered at 100% for medically necessary detoxification.	Covered at 100% up to 30 days inpatient per year.	Covered at 100% up to 30 inpatient rehab days per calendar year. Inpatient detox: no co-payment, 7 days per calendar year.
Outpatient	\$10 co-payment, up to 30 outpatient visits per calendar year.	70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.	Covered at 100% up to a maximum of 60 calendar days, limited to 2 program completions per lifetime. Inpatient/outpatient maximum 60 calendar days.	Covered at 100% for detoxification. Excluding detoxification, other services limited to lifetime maximum of 44 visits. Member is responsible for all amounts over \$35 per visit.	\$10 co-payment per visit, limited to 30 outpatient visits per calendar year.	\$ 10 co-payment up to 60 rehab visits per calendar year.
Mental & Nervous Disorders:						
Inpatient	100%. Maximum of 45 days annually.	Benefits payable at 70% R & C covered charges, after deductible is met. Maximum of 45 days annually.	Covered at 100% up to 30 inpatient days per year with plan approval.*** Acute or crises intervention only.	Covered at 100% up to 30 days per calendar year.	Covered at 100% up to 30 days inpatient per year.	Covered at 100% up to 30 inpatient days per calendar year.
Outpatient	\$10 co-payment, up to 30 outpatient visits per calendar year.	70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.	\$5 co-payment up to 30 outpatient visits per year.	\$10 co-payment per visit, then 100%. Limited to 20 visits per calendar year.	\$10 co-payment per visit, limited to 30 outpatient visits per calendar year.	\$10 co-payment, up to 30 outpatient visits per calendar year.
Other Services Ambulance Vision	100% Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams, glasses, contact lenses not covered.	70% of R & C charges after deductible is met. Coverage provided for diseases of the eye and/or injuries to the eye at 70% of R & C after deductible is met. Eye exams, glasses, contact lenses not covered.	100% when medically necessary. \$10 co-payment, 100% thereafter for eye exams for children under age 18. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory.	100% when medically necessary. No co-payment for one eye exam per 12 month period; \$10 dispensing fee for eyewear. 100% coverage of standard lenses and frames up to \$34 value. Co-payments vary for contacts in lieu of eyeglasses.	100% when medically necessary 100% for eye exam per 12 months.** \$10 dispensing fee, 100% thereafter for select lenses and frames, for one pair of glasses per member per calendar year. Contact lenses not covered, 20% courtesy discount is available for professional fees and materials.	100% when medically necessary. \$15 co-payment for annual eye exam. Vista offers vision services through participating locations listed in our directory. Please refer to your Vista package for a complete list of benefits.
Prescription Drugs:	\$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. See plan literature for other participating pharmacies. Mail order: 2x copay for 90-day supply.	\$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. Mail order: 2x copay for 90-day supply. See plan literature for other participating pharmacies. Deductible +30% of charges apply at non-participating pharmacies.	\$10 Generic/\$20 Brand/\$30 Non-Formulary for a 30-day supply at participating pharmacies including prescription contraceptives. Mail order: \$20 Generic/\$40 Brand/\$60 Non-Formulary for a 90-day supply. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment.	\$7 Generic/\$15 Brand/\$25 Non-Formulary 30-day supply at participating pharmacies including prescription contraceptives. Mail order: \$21 Generic/\$45 Brand/ \$75 Non-Formulary for 90-day supply. If member selects Brand when Generic is available, member pays difference in cost plus Generic co-payment.	\$7 Generic***\$20 Brand/\$35 Non-Formulary prescription or refill up to 30-day supply including prescription contraceptives, at participating pharmacies. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment. Mail order available 2 x co-payment for 90-day supply.	\$10 Generic/\$20 Brand/\$30 Non-Formulary for a 30-day supply, at participating pharmacies including prescription contraceptives. Mail order: \$20 Generic/\$40 Brand for a 90-day supply(Non-Formulary not available thru mail order). If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment.
Durable Medical Equipment (DME):	Covered at 100%.	70% of R & C charges after deductible is met.	\$50 co-payment per episode of illness. Limited to a maximum of \$500 per contract year. Prosthetic devices are covered. Please refer to brochure for limitations and restrictions.	Covered at 100%	100% of pre-authorized durable medical equipment, orthotic braces and prosthetics devices, obtained through a JMH Health Plan provider. \$25 co-payment per medical condition. Maximum benefit \$500 per year.****	Covered at 100%.
Out of Area: 1) Emergency	\$50 co-pay, waived if admitted/100%.	\$50 co-pay, waived if admitted/100%.	\$50 100% after \$50 co-payment (worldwide).	1) The lesser of a \$50 co-payment per occurrence or 25% of the reasonable cost of the service; co-payment waived if admitted.	\$25 100% after \$50 co-payment (worldwide).	\$25 co-payment (worldwide), waived if admitted.
2) Non-Emergency	70% of R & C charges after deductible is met.	70% of R & C charges after deductible is met.	Not covered.	2) Not covered.	Not covered.	Not covered.
	Maximum lifetime benefits is unlimited in-network, \$1 million out-of-network. Out-of-network annual out-of-pocket maximum is \$1,500 per individual for participating providers in the traditional network, no family maximum. Non-participating out-of-network providers have not agreed to accept CIGNA's reasonable and customary standard (R & C) as payment in full for covered services. Therefore, if a non-participating provider is used the insured is also responsible for the difference between R & C and the non-participating provider's actual charges.		**See plan literature for a complete list of benefits and information regarding purchase of non-Generic drugs. ***Coverage for inpatient drug/alcohol and mental & nervous disorders maximum 30 days per contract year.	**See plan literature for complete list of benefits.	**See plan literature for details regarding vision benefits limitations and exclusions. ***See plan literature regarding purchase of non-Generic drugs. ****See plan literature for benefits and limitations of DME products.	See plan literature for complete list of benefits.